

MISSOURI UNIFORM CRASH REPORT

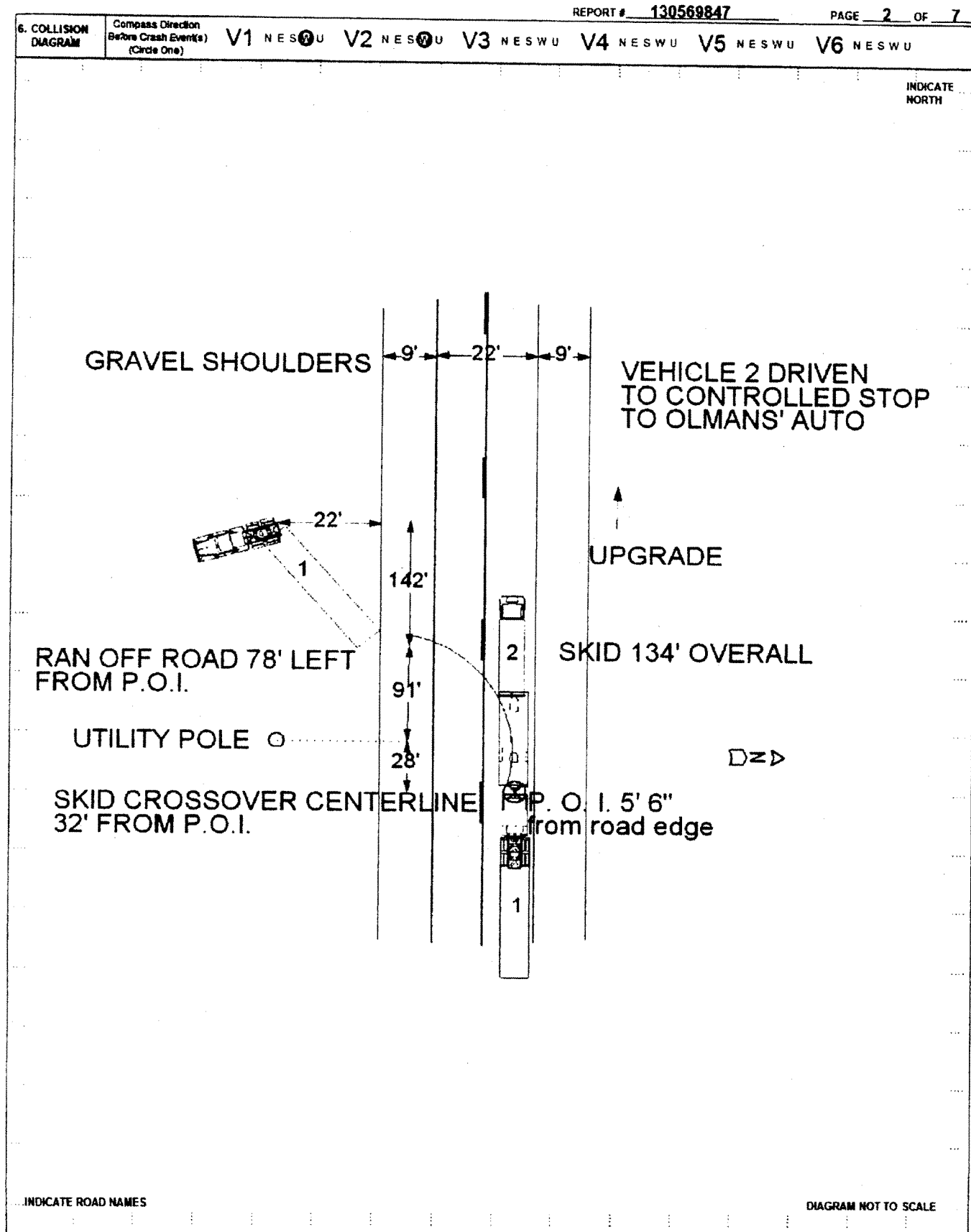
PAGE 1 OF 7

1 - GENERAL CRASH INFORMATION				AGENCY NAME AND ORI			
SPACE USED FOR BARCODE				MISSOURI STATE HIGHWAY PATROL MOMHPBB00 R3603667			
LEFT THE SCENE DRIVER NO <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		CLEARED <input type="checkbox"/> Yes <input type="checkbox"/> No		CRASH CLASSIFICATION		PROPERTY DAMAGE ONLY NO. INJURED NO. KILLED	
						REPORT / CASE / INCIDENT NUMBER 130669847	
NO. VEH. INV 2	CRASH DATE 09/06/2013	CRASH TIME (MIL) 2300	NOTIFIED DATE 09/06/2013	TIME NOTIFIED (MIL) 2309	INVESTIGATION DATE 09/06/2013	TIME ARRIVED (MIL) 2323	INVEST. AT SCENE <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
ROADWAY <input checked="" type="checkbox"/> On <input type="checkbox"/> Off		NON-COLLISION <input type="checkbox"/> Overtaking <input type="checkbox"/> Fire / Explosion <input type="checkbox"/> Immersion <input type="checkbox"/> Jackknife		COLLISION INVOLVING <input type="checkbox"/> Animal <input type="checkbox"/> Pedalcycle <input type="checkbox"/> Fixed Object <input type="checkbox"/> Other Object <input type="checkbox"/> Pedestrian		DIRECTIONAL ANALYSIS FOR IMPACT WITH MOTOR VEHICLE <input type="checkbox"/> Front to Front <input checked="" type="checkbox"/> Front to Rear <input type="checkbox"/> Rear to Rear <input type="checkbox"/> Rear to Side <input type="checkbox"/> Angle <input type="checkbox"/> Sideswipe (Same Dir.) <input type="checkbox"/> Sideswipe (Opp Dir.) <input type="checkbox"/> Falling / Shifting Cargo (Set in motion by MV) <input type="checkbox"/> Other (Explain)	
COMMERCIAL MOTOR VEHICLE INVOLVEMENT CRITERIA - Answer the following to determine if the "Commercial Vehicle" fields in Section 7G must be completed. 1 Does this crash involve any of the following? 1a A person fatally injured. OR 1b A person transported for medical attention. OR 1c A vehicle towed due to disabling damage <input type="checkbox"/> No - No commercial vehicle fields need completion <input checked="" type="checkbox"/> Yes - Go to number 2 →							
EVIDENTIARY PHOTOS TAKEN BY WHOM <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No NOT APPLICABLE				AVAILABLE FROM <input type="checkbox"/> Investigating Agency			
RECONSTRUCTION BY WHOM <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No NOT APPLICABLE				AVAILABLE FROM <input type="checkbox"/> Investigating Agency			
2 - LOCATION							
COUNTY RANDOLPH		MUNICIPALITY NON-CITY OR UNINCORPORATED		BEAT / ZONE 11	TRP/DIST/PCT B	GPS COORDINATES (DD MM SS.S FORMAT) LAT: N39 27 02.1 LONG: W92 24 13.0	
ON US 24		RDWY. DIR W	DISTANCE FROM 0.5 Miles	LOCATION <input checked="" type="checkbox"/> After <input type="checkbox"/> Before <input type="checkbox"/> At		INTERSECTING CRD 1450	
SPEED LIMIT 60	ROAD MAINTAINED BY <input checked="" type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Municipal <input type="checkbox"/> Private Property <input type="checkbox"/> Other				SPEED LIMIT NA		INT. DIR. S
TRAFFICWAY <input type="checkbox"/> One-Way <input checked="" type="checkbox"/> Two-Way Not Divided <input type="checkbox"/> Two-Way Divided: Unprotected Median <input type="checkbox"/> Other <input type="checkbox"/> Two-Way Not Divided: Continuous Center Turn Lane <input type="checkbox"/> Two-Way Divided: Positive Median Barrier <input type="checkbox"/> Unknown				ROAD ALIGNMENT <input checked="" type="checkbox"/> Straight <input type="checkbox"/> Curve <input type="checkbox"/> Unknown (Explain)		ROAD PROFILE <input type="checkbox"/> Level <input type="checkbox"/> Downhill <input type="checkbox"/> Dip <input checked="" type="checkbox"/> Uphill <input type="checkbox"/> Hillcrest <input type="checkbox"/> Unknown (Explain)	
INTERSECTION TYPE <input checked="" type="checkbox"/> NA <input type="checkbox"/> 4-way Intersection <input type="checkbox"/> Y-Intersection <input type="checkbox"/> 5-way / More <input type="checkbox"/> Unknown (Explain) <input type="checkbox"/> T-Intersection <input type="checkbox"/> Roundabout <input type="checkbox"/> Other (Explain)				ROAD CONDITION <input checked="" type="checkbox"/> Dry <input type="checkbox"/> Snow <input type="checkbox"/> Slush <input type="checkbox"/> Standing Water <input type="checkbox"/> Sand / Gravel <input type="checkbox"/> Unknown (Explain) <input type="checkbox"/> Wet <input type="checkbox"/> Ice / Frost <input type="checkbox"/> Mud / Dirt <input type="checkbox"/> Moving Water <input type="checkbox"/> Other (Explain)			
ROAD SURFACE <input type="checkbox"/> Concrete <input type="checkbox"/> Brick <input type="checkbox"/> Dirt / Sand <input type="checkbox"/> Cobblestone <input checked="" type="checkbox"/> Asphalt <input type="checkbox"/> Gravel <input type="checkbox"/> Multi-Surface <input type="checkbox"/> Unknown (Explain)				WEATHER CONDITION <input checked="" type="checkbox"/> Clear <input type="checkbox"/> Rain <input type="checkbox"/> Sleet / Hail <input type="checkbox"/> Fog / Mist <input type="checkbox"/> Other (Explain) <input type="checkbox"/> Cloudy <input type="checkbox"/> Snow <input type="checkbox"/> Freezing (Temp) <input type="checkbox"/> Severe Crosswind <input type="checkbox"/> Unknown (Explain)			
LIGHT CONDITION <input type="checkbox"/> Daylight <input type="checkbox"/> Dark-Lighted <input checked="" type="checkbox"/> Dark-Unlighted <input type="checkbox"/> Dark-Unknown Lighting <input type="checkbox"/> Other (Explain) <input type="checkbox"/> Unknown (Explain)							
3 - DAMAGE TO PROPERTY OTHER THAN VEHICLES <input checked="" type="checkbox"/> None							
LIST OWNER'S NAME & ADDRESS, DESCRIPTION OF PROPERTY, AND DAMAGE <input type="checkbox"/> MoDOT <input type="checkbox"/> County <input type="checkbox"/> Municipality							
4 - WITNESS <input type="checkbox"/> None Identified <input type="checkbox"/> Additional Witnesses in Narrative							
NAME CARUCEI, MICHAEL C		ADDRESS (Street City State Zip) 6328 AVILA AVENUE SARASOTA, FL 34236				PHONE NUMBER UNK	
5 - PEDESTRIAN <input checked="" type="checkbox"/> NA <input type="checkbox"/> Law Enforcement Officer <input type="checkbox"/> Other Emergency Services Personnel <input type="checkbox"/> MoDOT Worker <input type="checkbox"/> Other Trafficway Worker <input type="checkbox"/> Other Pedestrian							
NO.		NAME (Last, First MI) & ADDRESS (Street City State Zip)					PHONE NUMBER
DATE OF BIRTH		SEX	STRUCK BY VEH #	INJ	TRANS PORT	SAFETY DEVICES	LOCATION
							<input type="checkbox"/> On Roadway <input type="checkbox"/> In Driveway Access <input type="checkbox"/> On Median / Crossing Island <input type="checkbox"/> On Sidewalk <input type="checkbox"/> Off Roadway <input type="checkbox"/> Unknown
CROSSING ROAD <input type="checkbox"/> NA		<input type="checkbox"/> Not At Crosswalk		OTHER ACTIONS <input type="checkbox"/> NA/None		SCHOOL INFO. <input type="checkbox"/> NA	
<input type="checkbox"/> With Signal		<input type="checkbox"/> In Marked Crosswalk		<input type="checkbox"/> Getting On / Off Vehicle		<input type="checkbox"/> Going To / From School	
<input type="checkbox"/> Against Signal		<input type="checkbox"/> In Unmarked Crosswalk		<input type="checkbox"/> Standing / Lying / Sitting In Trafficway		<input type="checkbox"/> Getting On / Off School Bus	
<input type="checkbox"/> No Signal		<input type="checkbox"/> Unknown		<input type="checkbox"/> Pushing / Working On Vehicle		<input type="checkbox"/> Both Of The Above	
<input type="checkbox"/> Unknown				<input type="checkbox"/> Behind / In Front of Parked / Stopped Veh		<input type="checkbox"/> Unknown (Explain)	
PROBABLE CONTRIBUTING CIRCUMSTANCES <input type="checkbox"/> None				DISTRACTED / INATTENTIVE CODE(S) <input type="checkbox"/> NA		ALCOHOL USE	
<input type="checkbox"/> Failed To Yield <input type="checkbox"/> Alcohol <input type="checkbox"/> Vision Obstructed (Explain) <input type="checkbox"/> Other (Explain)						<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
<input type="checkbox"/> Distracted / Inattentive <input type="checkbox"/> Drugs <input type="checkbox"/> Physical Impairment (Explain) <input type="checkbox"/> Unknown (Explain)							

DISTRIBUTION COPY - AGENCY FILE ORIGINAL - MISSOURI STATE HIGHWAY PATROL - TRAFFIC RECORDS DIVISION - P.O. BOX 568 - JEFFERSON CITY, MO 65102

SHP-2Q 0V/12

EXHIBIT 11



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7. DRIVERS, VEHICLES, OWNERS, & OCCUPANTS														
7A. DRIVER - NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip)														
ETTEL, ANDREW CARLYLE 803 RESERVOIR HANNIBAL, MO 63401														
PHONE NUMBER (217)228-4666														
DRIVER LICENSE / ID NUMBER V037044006 STATE MO														
LIC STATUS <input checked="" type="checkbox"/> Valid <input type="checkbox"/> Expired <input type="checkbox"/> Susp / Rev / Denied <input type="checkbox"/> Disqual CDL <input type="checkbox"/> NA <input type="checkbox"/> Canceled / Oth Invalid <input type="checkbox"/> Unknown														
LIC TYPE <input checked="" type="checkbox"/> Operator Class <input type="checkbox"/> Permit <input type="checkbox"/> Unknown <input type="checkbox"/> MC Endorsement <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA														
DATE OF BIRTH 03/07/1980 SEX M SEAT LOC FL INJ 4 TRANS-PORT 2 EJECT-ION 2 AIR BAG 1 SAFETY DEVICES 6 VISION OBSTRUCTED <input type="checkbox"/> NA														
<input checked="" type="checkbox"/> Not Obstructed <input type="checkbox"/> Trees / Brush <input type="checkbox"/> Sign <input type="checkbox"/> Moving Veh <input type="checkbox"/> Other (Explain)														
<input type="checkbox"/> Windshield <input type="checkbox"/> Building <input type="checkbox"/> Hillcrest <input type="checkbox"/> Stopped Veh <input type="checkbox"/> Unknown (Explain)														
<input type="checkbox"/> Load on Veh <input type="checkbox"/> Embankment <input type="checkbox"/> Parked Veh <input type="checkbox"/> Glare														
PROOF OF INSURANCE <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Required														
INSURANCE COMPANY PROTECTIVE INSURANCE COMPANY														
PHONE NO (Optional) (800)231-8024 POLICY NUMBER B13119														
7B. VEHICLE - OWNER NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip) <input type="checkbox"/> SAD														
SHARKEY TRANSPORTATION INC 3803 DYE ROAD QUINCY, IL 62306														
PHONE NUMBER (217)228-4666														
YEAR 2007 MAKE MACK TRUCKS, INC. MODEL 4700 COLOR WHI NA VEH. TYPE 1 TOTAL NO OF OCC 1														
LICENSE - PLATE NO. P468316 STATE IL YEAR 2013 VIN 1M1AK08Y17N017205														
TOWED FROM SCENE <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No TOWED DUE TO DIS. DAMAGE <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No														
VEHICLE DAMAGE (Mark all damaged areas) <input type="checkbox"/> None / No Damage														
INITIAL IMPACT NO. 14														
TOWED BY PALMATORY TOWING (800)263-0964 1870 ROUTE JJ MOBERLY, MO 65270														
VEHICLE BODY TYPES - Automobiles / Specialty Vehicles <input type="checkbox"/> Vehicle Used As Public Conveyance														
<input type="checkbox"/> Passenger Car <input type="checkbox"/> Van (< 9 W/Driver) <input type="checkbox"/> Passenger Van (9+ W/Driver) <input type="checkbox"/> Sport Utility Vehicle <input type="checkbox"/> Limousine (7-8 W/Driver) <input type="checkbox"/> Limousine (9-15 W/Driver) <input type="checkbox"/> Motorized Bicycle <input type="checkbox"/> Pedalcycle <input type="checkbox"/> To / From School														
<input type="checkbox"/> Small Bus (9-15 W/Driver) <input type="checkbox"/> Large Bus (16+ W/Driver) <input type="checkbox"/> School Bus <input type="checkbox"/> Intercity <input type="checkbox"/> Transit / Commuter <input type="checkbox"/> Charter / Tour <input type="checkbox"/> Other														
<input type="checkbox"/> Motorcycle <input type="checkbox"/> ATV <input type="checkbox"/> 2 Wh <input type="checkbox"/> 3 Wh <input type="checkbox"/> 4 Wh <input type="checkbox"/> 5 Wh / More <input type="checkbox"/> Unknown														
<input type="checkbox"/> Motor Home <input type="checkbox"/> Farm Implements <input type="checkbox"/> Construction Equip <input type="checkbox"/> Heavy Mach <input type="checkbox"/> Other Vehicle (Code) <input type="checkbox"/> Cargo Van <input type="checkbox"/> Pickup <input type="checkbox"/> Other Heavy Truck <input type="checkbox"/> Unknown (Explain)														
<input type="checkbox"/> Single-unit Truck, 2 axles, 6 tires <input type="checkbox"/> Single-unit Truck, 3 or more axles <input type="checkbox"/> Veh. Pulling Another Unit(s) (Does not apply to Truck Tractors) <input type="checkbox"/> Truck Tractor With No Units <input checked="" type="checkbox"/> Truck Tractor With One Unit <input type="checkbox"/> Truck Tractor With Two Units <input type="checkbox"/> Truck Tractor With Three Units														
GVW / GCW RATING (Not Licensed Weight) (Please use, Cargo Vans, All Trucks, Truck Tractors, or Max Allowable Vehicle Weight Only) <input type="checkbox"/> Less than or equal to 10,000 lbs <input type="checkbox"/> 10,001 - 26,000 lbs <input checked="" type="checkbox"/> Greater than 26,000 lbs <input type="checkbox"/> Unknown														
EMERGENCY VEHICLE INVOLVEMENT <input checked="" type="checkbox"/> NA														
<input type="checkbox"/> Police <input type="checkbox"/> Ambulance <input type="checkbox"/> Fire <input type="checkbox"/> Other (Must check "A" / "B") <input type="checkbox"/> A. Emergency Vehicle on Emergency Run <input type="checkbox"/> B. Stationary With Emergency Equip. Activated														
CONTRIBUTING TRAFFIC CONDITIONS <input checked="" type="checkbox"/> NA														
<input type="checkbox"/> Congestion Ahead <input type="checkbox"/> Other Incident Ahead <input type="checkbox"/> Crash Ahead <input type="checkbox"/> Unknown (Explain)														
7C. VEHICLE ACTION / SEQUENCE OF EVENTS CODES <input type="checkbox"/> Additional Codes Listed in Narrative (See Codes in Section 8)														
SEQUENCE OF EVENTS CODES <input type="checkbox"/> Unknown														
1 18 20 34 17 21 36														
ANNUAL CODE(S) 21														
FIXED OBJECT CODE(S)														
ALCOHOL USE <input type="checkbox"/> Yes <input type="checkbox"/> Unk <input checked="" type="checkbox"/> No <input type="checkbox"/> NA														
7D. PROBABLE CONTRIBUTING CIRCUMSTANCES <input type="checkbox"/> None														
<input type="checkbox"/> Vehicle Defects (Explain) <input type="checkbox"/> Speed - Exceeded Limit <input type="checkbox"/> Too Fast For Conditions <input type="checkbox"/> Violation Signal / Sign <input type="checkbox"/> Failed To Yield <input type="checkbox"/> Alcohol <input type="checkbox"/> Drugs														
<input checked="" type="checkbox"/> Vision Obstructed <input type="checkbox"/> Driver Fatigue / Asleep <input type="checkbox"/> Improper Signal <input type="checkbox"/> Improper Backing <input type="checkbox"/> Improper Turn <input type="checkbox"/> Improper Passing <input type="checkbox"/> Improperly Parked														
<input type="checkbox"/> Failed To Dim Headlights <input type="checkbox"/> Failed To Use Lights <input type="checkbox"/> Following Too Close <input type="checkbox"/> Wrong Side (Not Passing) <input type="checkbox"/> Wrong Side (One-Way) <input type="checkbox"/> Physical Impairment (Explain) <input type="checkbox"/> Improper Start From Park														
<input type="checkbox"/> Improper Towing / Pushing <input type="checkbox"/> Improperly Stopped On Roadway <input type="checkbox"/> Improper Lane Usage / Change <input type="checkbox"/> Overcorrected <input type="checkbox"/> Improper Riding / Clinging To Veh. Exterior <input type="checkbox"/> Failed To Secure Load / Improper Loading <input type="checkbox"/> Animal(s) in Roadway														
<input type="checkbox"/> Object / Obstruction in Roadway <input type="checkbox"/> Distracted / Inattentive (Designate Type) <input type="checkbox"/> Unknown (Explain) <input type="checkbox"/> Other (Explain)														
DISTRACTED / INATTENTIVE CODE(S) <input checked="" type="checkbox"/> NA (See Codes in Section 8)														
7E. WORK ZONE <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown														
TRAFFIC CONTROL <input type="checkbox"/> None <input type="checkbox"/> Unknown														
Electric <input type="checkbox"/> Green/Yellow/Red <input type="checkbox"/> Flashing Red <input type="checkbox"/> Flashing Yellow <input type="checkbox"/> Ramp Meter <input type="checkbox"/> Other (Explain)														
Workers Present <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown														
Other <input type="checkbox"/> Stop Sign <input checked="" type="checkbox"/> No Passing Zone <input type="checkbox"/> Turn Restricted <input type="checkbox"/> Officer / Flagman <input type="checkbox"/> Signal On School Bus														
Controls <input type="checkbox"/> Warning Sign / Device <input type="checkbox"/> Railway Crossing Sign / Device <input type="checkbox"/> School Zone <input type="checkbox"/> Yield Sign <input type="checkbox"/> Other (Explain)														
CONTROL MALFUNCTIONING / INOPERATIVE / MISSING <input type="checkbox"/> Yes (Explain) <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> NA														
7F. OCCUPANTS - NAME (Last, First, MI) ADDRESS (Street, City, State, Zip) DATE OF BIRTH MM-DD-YYYY SEX SEAT LOC INJ TRANS-PORT EJECT-ION AIR BAG SAFETY DEVICES PHONE NUMBER														
NA														
NA														
NA														
NA														
NA														
7G. COMMERCIAL MOTOR VEHICLE <input type="checkbox"/> NA Required on vehicle if "Yes" was answered to questions in parts 1 and 2 in CMV involvement criteria and vehicle meets one of the three criteria in part 2.														
MOTOR CARRIER IDENTIFICATION (Lease etc.) - NAME & ADDRESS (Street, City, State, Zip) <input type="checkbox"/> SAO														
SHARKEY TRANSPORTATION INC P.O. BOX 3186 QUINCY, IL 62306														
PHONE NUMBER (217)228-4666														
COMMERCIAL / NON-COMMERCIAL <input checked="" type="checkbox"/> Interstate Carrier <input type="checkbox"/> Intrastate Carrier <input type="checkbox"/> Not In Commerce - Government Vehicle <input type="checkbox"/> Not In Commerce - Rental Vehicle <input type="checkbox"/> Not In Commerce - Other Vehicle														
MC / MX / ICC NO 136314														
USDOT NO 55816														
CARGO BODY TYPE <input checked="" type="checkbox"/> Enclosed Box <input type="checkbox"/> Flatbed <input type="checkbox"/> Concrete Mixer <input type="checkbox"/> Garbage / Refuse <input type="checkbox"/> Pole Trailer <input type="checkbox"/> Vehicle Towing Another Veh <input type="checkbox"/> Intermodal Container Chassis <input type="checkbox"/> NA (No Cargo Body) <input type="checkbox"/> Other <input type="checkbox"/> Unknown														
HAZARDOUS MATERIALS <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown														
PLACARD DISPLAYED <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown														
4-DIGIT NO NA														
CLASS NA														
HM CARGO PRESENT <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown														
HM CARGO RELEASED <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown														
HAZARDOUS MATERIAL NAME NA														

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7. DRIVERS, VEHICLES, OWNERS, & OCCUPANTS														
7A. DRIVER - NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip)														
2 OSORIO, OSCAR RUBEN 2801 S. PALM COURT DRIVE HARLINGEN, TX 78552														
PHONE NUMBER (856)367-4919														
DRIVER LICENSE / ID NUMBER STATE LIC STATUS <input checked="" type="checkbox"/> Valid <input type="checkbox"/> Expired <input type="checkbox"/> Susp / Rev / Denied <input type="checkbox"/> Disqual COL <input type="checkbox"/> NA <input type="checkbox"/> Canceled / Oth Invalid <input type="checkbox"/> Unknown														
23437627 TX <input type="checkbox"/> NA <input type="checkbox"/> Unknown														
DATE OF BIRTH SEX SEAT INJ TRANS- EJECTION AIR BAG SAFETY DEVICES VISION OBSTRUCTED <input checked="" type="checkbox"/> Not Obstructed <input type="checkbox"/> Trees / Brush <input type="checkbox"/> Sign <input type="checkbox"/> Moving Veh <input type="checkbox"/> Other (Explain)														
12/05/1961 M FL 4 2 2 3 5 <input type="checkbox"/> NA <input type="checkbox"/> Windshield <input type="checkbox"/> Building <input type="checkbox"/> Hit/Crash <input type="checkbox"/> Stopped Veh <input type="checkbox"/> Unknown (Explain)														
LOAD ON Veh <input type="checkbox"/> Embankment <input type="checkbox"/> Parked Veh <input type="checkbox"/> Glare														
PROOF OF INSURANCE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Not Required														
INSURANCE COMPANY <input type="checkbox"/> Expired NONE PHONE NO. (Optional) POLICY NUMBER <input checked="" type="checkbox"/> NA <input type="checkbox"/> Driver <input type="checkbox"/> Vehicle														
7B. VEHICLE - OWNER NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip) <input checked="" type="checkbox"/> SAD														
PHONE NUMBER <input checked="" type="checkbox"/> SAD														
YEAR MAKE MODEL COLOR VEH TYPE TOTAL NO. OF OCC														
1988 INTERNATIONAL HARVESTER CO. 4700 WHI NA 1 8														
LICENSE - PLATE NO. STATE YEAR VIN TOWED FROM SCENE TOWED DUE TO DIS. DAMAGE														
BPSY442 TX 2013 1HTSCAAMXWH829688 <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No														
VEHICLE DAMAGE (Mark all damaged areas) <input type="checkbox"/> None / No Damage														
INITIAL IMPACT NO. 21 18 - Undercarriage 22 - Cargo 19 - Windshield 23 - Unknown 20 - Burned 24 - Other (Explain)														
TOWED BY <input type="checkbox"/> Unknown <input type="checkbox"/> NA PALMATORY TOWING (860)263-0964 1870 ROUTE JJ MOBERLY, MO 65270														
VEHICLE BODY TYPES - Automobiles / Specialty Vehicles <input type="checkbox"/> Vehicle Used As Public Conveyance														
<input type="checkbox"/> Passenger Car <input type="checkbox"/> Van (< 9 W/Driver) <input type="checkbox"/> Passenger Van (9+ W/Driver) <input type="checkbox"/> Sport Utility Vehicle <input type="checkbox"/> Limousine (7-8 W/Driver) <input type="checkbox"/> Limousine (9-15 W/Driver) <input type="checkbox"/> Motorized Bicycle <input type="checkbox"/> Pedalcycle <input type="checkbox"/> To / From School														
<input type="checkbox"/> Small Bus (9-15 W/Driver) <input type="checkbox"/> Large Bus (16+ W/Driver) <input type="checkbox"/> School Bus <input type="checkbox"/> Intercity <input type="checkbox"/> Transit / Commuter <input type="checkbox"/> Charter / Tour <input type="checkbox"/> Other														
<input type="checkbox"/> Motorcycle <input type="checkbox"/> ATV <input type="checkbox"/> 2 Wh <input type="checkbox"/> 3 Wh <input type="checkbox"/> 4 Wh <input type="checkbox"/> 5 Wh / More <input type="checkbox"/> Unknown														
<input type="checkbox"/> Motor Home <input type="checkbox"/> Farm Implements <input type="checkbox"/> Construction Equip. Heavy Mach <input type="checkbox"/> Other Vehicle (Code) <input type="checkbox"/> Cargo Van <input type="checkbox"/> Pickup <input type="checkbox"/> Other Heavy Truck <input type="checkbox"/> Unknown (Explain)														
<input checked="" type="checkbox"/> Single-unit Truck: 2 axles, 6 tires <input type="checkbox"/> Single-unit Truck: 3 or more axles <input checked="" type="checkbox"/> Veh. Pulling Another Unit(s) (Does not apply to Truck Tractors)														
<input type="checkbox"/> Truck Tractor With No Units <input type="checkbox"/> Truck Tractor With One Unit <input type="checkbox"/> Truck Tractor With Two Units <input type="checkbox"/> Truck Tractor With Three Units														
GVW / GCW RATING (Not Licensed Weighs) (Pickups, Cargo Vans, All Trucks, Truck Tractors, or Haz Mat Placed Veh Only) <input type="checkbox"/> Less than or equal to 10,000 lbs. <input checked="" type="checkbox"/> 10,001 - 26,000 lbs. <input type="checkbox"/> Greater than 26,000 lbs. <input type="checkbox"/> Unknown														
EMERGENCY VEHICLE INVOLVEMENT <input checked="" type="checkbox"/> NA														
<input type="checkbox"/> Police <input type="checkbox"/> Ambulance <input type="checkbox"/> Fire <input type="checkbox"/> Other (Must check "A" / "B") <input type="checkbox"/> A. Emergency Vehicle on Emergency Run <input type="checkbox"/> B. Stationary With Emergency Equip. Activated														
CONTRIBUTING TRAFFIC CONDITIONS <input checked="" type="checkbox"/> NA														
<input type="checkbox"/> Congestion Ahead <input type="checkbox"/> Other Incident Ahead <input type="checkbox"/> Crash Ahead <input type="checkbox"/> Unknown (Explain)														
7C. VEHICLE ACTION / SEQUENCE OF EVENTS CODES <input type="checkbox"/> Additional Codes Listed in Narrative (See Codes in Section 8)														
SEQUENCE OF EVENTS CODES <input type="checkbox"/> Unknown														
1 34 20														
ANIMAL CODE(S) FIXED OBJECT CODE(S) ALCOHOL USE <input type="checkbox"/> Yes <input type="checkbox"/> Unk <input checked="" type="checkbox"/> No <input type="checkbox"/> NA														
7D. PROBABLE CONTRIBUTING CIRCUMSTANCES <input checked="" type="checkbox"/> None														
<input type="checkbox"/> Vehicle Defects (Explain) <input type="checkbox"/> Speed - Exceeded Limit <input type="checkbox"/> Too Fast For Conditions <input type="checkbox"/> Violation Signal / Sign <input type="checkbox"/> Failed To Yield <input type="checkbox"/> Alcohol <input type="checkbox"/> Drugs														
<input type="checkbox"/> Vision Obstructed <input type="checkbox"/> Driver Fatigue / Asleep <input type="checkbox"/> Improper Signal <input type="checkbox"/> Improper Backing <input type="checkbox"/> Improper Turn <input type="checkbox"/> Improper Passing <input type="checkbox"/> Improperly Parked														
<input type="checkbox"/> Failed To Dim Headlights <input type="checkbox"/> Failed To Use Lights <input type="checkbox"/> Following Too Close <input type="checkbox"/> Wrong Side (Not Passing) <input type="checkbox"/> Wrong Side (One-Way) <input type="checkbox"/> Physical Impairment (Explain) <input type="checkbox"/> Improper Start From Park														
<input type="checkbox"/> Improper Towing / Pushing <input type="checkbox"/> Improperly Stopped On Roadway <input type="checkbox"/> Improper Lane Usage / Change <input type="checkbox"/> Overcorrected <input type="checkbox"/> Improper Riding / Clinging To Veh. Exterior <input type="checkbox"/> Failed To Secure Load / Improper Loading <input type="checkbox"/> Animal(s) In Roadway														
<input type="checkbox"/> Object / Obstruction in Roadway <input type="checkbox"/> Distracted / Inattentive (Designate Type) <input type="checkbox"/> Unknown (Explain) <input type="checkbox"/> Other (Explain)														
DISTRACTED / INATTENTIVE CODE(S) <input checked="" type="checkbox"/> NA (See Codes in Section 8)														
7E. WORK ZONE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown														
TRAFFIC CONTROL <input type="checkbox"/> None <input type="checkbox"/> Unknown														
Electric <input type="checkbox"/> Green/Yellow/Red <input type="checkbox"/> Flashing Red <input type="checkbox"/> Flashing Yellow <input type="checkbox"/> Ramp Meter <input type="checkbox"/> Other (Explain)														
Other: <input type="checkbox"/> Stop Sign <input checked="" type="checkbox"/> No Passing Zone <input type="checkbox"/> Turn Restricted <input type="checkbox"/> Officer / Flagman <input type="checkbox"/> Signal On School Bus														
Controls <input type="checkbox"/> Warning Sign / Device <input type="checkbox"/> Railway Crossing Sign / Device <input type="checkbox"/> School Zone <input type="checkbox"/> Yield Sign <input type="checkbox"/> Other (Explain)														
CONTROL MALFUNCTIONING / INOPERATIVE / MISSING <input type="checkbox"/> Yes (Explain) <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> NA														
7F. OCCUPANTS - NAME (Last, First, MI) ADDRESS (Street, City, State, Zip) DATE OF BIRTH MM-DD-YYYY SEX SEAT LOC INJ TRANS- EJECTION AIR BAG SAFETY DEVICES PHONE NUMBER														
OSARIO, CECILIA EVELIA SAME AS DRIVER 04/02/1972 F OE 4 2 2 1 1 SAD														
PRECIADO, ROSALBA OSORIO SAME AS DRIVER 09/21/1968 F OE 4 2 2 1 1 SAD														
OSORIO, MARIA LOUDRES SAME AS DRIVER 11/28/1966 F OE 3 2 2 1 1 SAD														
PRECIADO, JULIO CESAR OSARIO SAME AS DRIVER 12/11/1976 M OE 4 2 2 1 1 SAD														
GOUNA, ALEXANDRA MONTEJANO SAME AS DRIVER 05/24/1977 M OE 4 2 2 1 1 SAD														
7G. COMMERCIAL MOTOR VEHICLE <input checked="" type="checkbox"/> NA Required on vehicle if "Yes" was answered to questions in parts 1 and 2 in CMV involvement criteria and vehicle meets one of the three criteria in part 2.														
MOTOR CARRIER IDENTIFICATION (Leasee, etc.) - NAME & ADDRESS (Street, City, State, Zip) <input type="checkbox"/> SAO PHONE NUMBER <input type="checkbox"/> SAO														
COMMERCIAL / NON-COMMERCIAL <input type="checkbox"/> Interstate Carrier <input type="checkbox"/> Intrastate Carrier <input type="checkbox"/> Not In Commerce - Government Vehicle <input type="checkbox"/> Not In Commerce - Rental Vehicle <input type="checkbox"/> Not In Commerce - Other Vehicle MC / MX / ICC NO USDOT NO														
CARGO BODY TYPE <input type="checkbox"/> Enclosed Box <input type="checkbox"/> Flatbed <input type="checkbox"/> Concrete Mixer <input type="checkbox"/> Garbage / Refuse <input type="checkbox"/> Pole Trailer <input type="checkbox"/> Vehicle Towing <input type="checkbox"/> Intermodal <input type="checkbox"/> NA (No Cargo Body) <input type="checkbox"/> Other <input type="checkbox"/> Unknown														
<input type="checkbox"/> Cargo Tank <input type="checkbox"/> Dump <input type="checkbox"/> Auto Transporter <input type="checkbox"/> Grain / Chip / Gravel <input type="checkbox"/> Log <input type="checkbox"/> Another Veh <input type="checkbox"/> Container <input type="checkbox"/> Chassis														
HAZARDOUS MATERIALS PLACARD DISPLAYED <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown 4-DIGIT NO CLASS HM CARGO PRESENT HM CARGO RELEASED HAZARDOUS MATERIAL NAME														

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8. CODES		INJURY		TRANSPORTED		EJECTION		AIR BAG		SAFETY DEVICES			
SEAT LOCATION XX - Not Known B - Pedalcycle M - Motorcycle CP - Commercial Passenger OE - Occupant - Enclosed Load Area OU - Occupant - Unenclosed Load Area RC - Rail Crew SV - Other (Explain in Narrative) NA - Not Applicable		1. Fatal 2. Disabling 3. Evident - Not Disabling 4. Probable - Not Apparent 5. None Apparent U. Unknown N. NA		1. No 2. EMS 3. Other U. Unknown N. NA		1. NA 2. No 3. Partially 4. Totally U. Unknown		1. None / NA 3. Not Deployed 4. Removed 5. Deployed - Front 6. Deployed - Side 7. Deployed - Curtain 8. Deployed - Other (Knee, Air Belt, etc.)		9. Deployed - Combination 10. Deployment Unknown U. Air Bag Presence Unknown		1. None 2. Not Used 3. Shoulder Belt Only 4. Lap Belt Only 5. Shoulder and Lap Belt 7. DOT Compliant MC Helmet 8. No Helmet 10. Booster Seat 11. Child Restraint - Forward Facing 12. Child Restraint - Rear Facing 13. Other Helmet 14. Reflective Clothing 15. Other U. Use Unknown N. Not Applicable	
VEHICLE ACTION / SEQUENCE OF EVENTS (Items with double-asterisk (**) require additional coding) 1. Going Straight 2. Overtaking 3. Making Right Turn 4. Right Turn on Red 5. Making Left Turn 6. Making U-Turn 7. Sliding / Slipping 8. Slowing / Stopping 9. Start in Traffic 10. Start From Parked 11. Backing 12. Stopped in Traffic 13. Parked 14. Changing Lanes 15. Avoiding 16. Cross Median 17. Cross Center Of Road 18. Cross Road 19. Airborne 20. Ran Off Roadway - Right 21. Ran Off Roadway - Left 22. Overturn / Rollover 23. Fire / Explosion 24. Immersion 25. Jackknife 26. Cargo Loss / Shift 27. Equipment Failure 28. Separation Of Units 29. Returned To Roadway 30. Collision Inv. Pedestrian 31. Collision Inv. Bicycle/Pedalcycle 32. Collision Inv. Railway Veh. 33. Collision Inv. Animal (**) 34. Collision Inv. MV in Transport 35. Collision Inv. Parked MV 36. Collision Inv. Fixed Object (**) 37. Collision Inv. Other Object (Explain) 38. Other Non-collision 39. Collision Inv. Bicycle/Pedalcycle in Bicycle Lane 40. Collision Inv. Animal Drawn Vehicle / Animal Ridden For Transportation 41. Collision Inv. Wrecking MV 42. Downhill Runaway 43. Fell/Jumped From MV 44. Thrown/Falling Object 45. Struck By Falling, Shifting Cargo, Object Set in Motion By Own MV 46. Ran Off Roadway - Other (Explain) 47. Cross Separator													
ANIMAL CODES FOR VEHICLE ACTION / SEQUENCE OF EVENTS 60. Deer 61. Farm Animal 62. Dog 63. Other Animal U. Unknown													
FIXED OBJECT CODES FOR VEHICLE ACTION / SEQUENCE OF EVENTS 20. Tree / Stump (Standing) 21. Embankment / Driveway / Ground / Rock Bluff 22. Guardrail Face 23. Utility Pole 24. Fence 25. Street Light Support 26. Culvert 27. Highway Traffic Sign Post / Support 28. Bridge Pier / Abutment / Support 29. Curb 30. Mail Box 31. Concrete Traffic Barrier 32. Building 33. Traffic Signal Support 34. Impact Attenuator / Crash Cushion 35. Fire Hydrant 36. Other (Explain) 37. Bridge Parapet End 38. Bridge Rail 39. Guardrail End 40. Other Traffic Barrier 41. Overhead Sign Support 42. Ditch 43. Other Post / Pole / Support 44. Wall 45. Cable Barrier 46. Bridge Overhead Structure 47. Overhead Line / Cable U. Unknown													
DISTRACTED / INATTENTIVE CODES 1. External Distraction 2. Passengers 3. Stereo / Audio / Video Equipment 4. Navigation Device 5. Communication Device - Hand-held 6. Communication Device - Hands Free 7. Communication Device - Texting / E-mailing 8. Communication Device - Web Browsing 9. Eating / Drinking 10. Reading 11. Tobacco Use 12. Grooming 13. Computer Equipment / Electronic Games / etc. 14. Adjusting Vehicle Controls 15. Other (Explain)													
VEHICLE TYPE CODES 1. Motor Vehicle In Transport 2. Parked Motor Vehicle 3. Working Motor Vehicle 4. Pedalcycle 5. Animal Drawn Vehicle / Animal Ridden For Transport Purposes U. Unknown													
OTHER VEHICLE CODES 1. Riding Mower / Garden Tractor 2. Golf Cart 3. Snowmobile 4. Forklift 5. Animal Drawn Vehicle / Animal Ridden For Transportation 6. Low Speed Vehicle 7. Other (Explain)													
9. NARRATIVE / STATEMENTS (If additional room is necessary, use Section 11 - Narrative / Statements Continuation)													
NARRATIVE VEHICLE 1 AND 2 WERE WESTBOUND ON US 24. VEHICLE 1 RAN INTO THE REAR OF THE TOWED UNIT CONNECTED TO VEHICLE 2. VEHICLE 1 TRAVELED OFF THE SOUTH SIDE OF THE HIGHWAY IMPACTED AN EMBANKMENT AND CAME TO REST IN A YARD. VEHICLE 2 WAS DRIVEN TO A CONTROLLED STOP WEST OF THE IMPACT.													
EITEL, ANDREW CARLYLE: DRIVER OF VEHICLE 1 STATEMENT DRIVER 1 ADVISED HE WAS EN ROUTE TO MOBERLY. HE INDICATED HE MAY HAVE DOSED OFF. HE ADVISED HE LOOKED UP AND SEEN THE VEHICLE TRAVELING SLOW IN FRONT OF HIM.													
OSORIO, OSCAR RUBEN: DRIVER OF VEHICLE 2 STATEMENT I WAS GOING AROUND 45-50 MILES PER HOUR WHEN I SAW HIM COMING UP BEHIND US REAL FAST. I TOLD EVERYBODY HOLD ON HE IS GOING TO HIT US.													
OSARIO, CECILIA EVELIA: PASSENGER OF VEHICLE 2 STATEMENT NO STATEMENT													
PRECIADO, ROSALBA OSORIO: PASSENGER OF VEHICLE 2 STATEMENT NO STATEMENT													
OSORIO, MARIA LOUDRES: PASSENGER OF VEHICLE 2 STATEMENT NO STATEMENT													
PRECIADO, JULIO CESAR OSARIO: PASSENGER OF VEHICLE 2 STATEMENT NO STATEMENT													
GOUNA, ALEXANDRA MONTEJANO: PASSENGER OF VEHICLE 2 STATEMENT NO STATEMENT													
OSORIO, ROLANDO BELLS ENCARNACION: PASSENGER OF VEHICLE 2 STATEMENT NO STATEMENT													
OSORIO, RUBEN JAMES: PASSENGER OF VEHICLE 2 STATEMENT I HEARD A SCREECHING NOISE THEN FELT A BIG IMPACT													
10. REPORTING AND REVIEWING OFFICER INFORMATION													
REPORTING OFFICER NAME SGT G. RILEY				DSN / BADGE NO. 923		BEAT / ZONE 11		TROOP / DISTRICT / PRECINCT B					
REVIEWING OFFICER NAME CPL J. MATTINGLY				DSN / BADGE NO. 587		REVIEWING OFFICER 2 NAME				DSN / BADGE NO.			

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11. NARRATIVE / STATEMENTS CONTINUATION (If additional room is necessary, use Narrative / Statements Continuation / Supplement)

CARUCEI, MICHAEL C: WITNESS 1 STATEMENT

I SAW A DUST CLOUD THEN THE TRUCK GO OFF THE ROAD

EITEL, ANDREW CARLYLE: DRIVER OF VEHICLE 1 TRANSPORTATION INFO

TRANSPORTED BY RANDOLPH COUNTY AMBULANCE DISTRICT TRANSPORTED TO MOBERLY REGIONAL MEDICAL CENTER

OSORIO, OSCAR RUBEN: DRIVER OF VEHICLE 2 TRANSPORTATION INFO

TRANSPORTED BY RANDOLPH COUNTY AMBULANCE DISTRICT TRANSPORTED TO MOBERLY REGIONAL MEDICAL CENTER

OSARIO, CECILIA EVELIA: PASSENGER OF VEHICLE 2 TRANSPORTATION INFO

TRANSPORTED BY RANDOLPH COUNTY AMBULANCE DISTRICT TRANSPORTED TO UNIVERSITY MISSOURI HOSPITAL

PRECIADO, ROSALBA OSORIO: PASSENGER OF VEHICLE 2 TRANSPORTATION INFO

TRANSPORTED BY RANDOLPH COUNTY AMBULANCE DISTRICT TRANSPORTED TO: MOBERLY REGIONAL MEDICAL CENTER

OSORIO, MARIA LOUDRES: PASSENGER OF VEHICLE 2 TRANSPORTATION INFO

TRANSPORTED BY RANDOLPH COUNTY AMBULANCE DISTRICT TRANSPORTED TO UNIVERSITY MISSOURI HOSPITAL

PRECIADO, JULIO CESAR OSARIO: PASSENGER OF VEHICLE 2 TRANSPORTATION INFO

TRANSPORTED BY: CHARITON COUNTY AMBULANCE DISTRICT TRANSPORTED TO: MOBERLY REGIONAL MEDICAL CENTER

GOUNA, ALEXANDRA MONTEJANO: PASSENGER OF VEHICLE 2 TRANSPORTATION INFO

TRANSPORTED BY: RANDOLPH COUNTY AMBULANCE DISTRICT TRANSPORTED TO: MOBERLY REGIONAL MEDICAL CENTER

OSORIO, ROLANDO BELL S ENCARNACION: PASSENGER OF VEHICLE 2 TRANSPORTATION INFO

TRANSPORTED BY RANDOLPH COUNTY AMBULANCE DISTRICT TRANSPORTED TO: MOBERLY REGIONAL MEDICAL CENTER

OSORIO, RUBEN JAMES: PASSENGER OF VEHICLE 2 TRANSPORTATION INFO

TRANSPORTED BY: CHARITON COUNTY AMBULANCE TRANSPORTED TO MOBERLY REGIONAL MEDICAL CENTER

VEHICLE #1 TRAILER(S)

TRAILER 1 YEAR 2011 MAKE WANC PLATE T487063 IL VIN 1JJV532B5BL386270 NOTE SIDE DAMAGE

VEHICLE #2 TRAILER(S)

TRAILER 1 YEAR 1992 MAKE FLEET PLATE P24836 AZ VIN: 1EE5F3129N9308438 NOTE DESTROYED

[illegible]